CASE DEFINITIONS FOR SYNDROMES UNDER SURVEILLANCE

Acute Flaccid Paralysis (AFP)*:
Acute (sudden) onset of flaccid paralysis in the absence of trauma.
* Any patient in whom a healthcare worker suspects acute flaccid paralysis is considered to be a suspected case of poliomyelitis.

Fever and Haemorrhagic symptoms:
Acute (sudden) onset of fever (> 38.0°C or 100.4°F) in a previously healthy person, presenting with at least one haemorrhagic (bleeding) manifestation with or without jaundice (e.g. purpura, epistaxis, hemoptysis, melena).

Fever and Neurological symptoms (except AFP):
Acute (sudden) onset of fever (> 38.0°C or 100.4°F) with or without headache and vomiting in a previously healthy person presenting with at least one of the followings signs: meningeal irritation, convulsions, altered consciousness, altered sensory manifestations, paralysis except AFP.

Fever and Rash‡:
Acute (sudden) febrile illness (>38.0°C or 100.4°F) in a previously healthy person, presenting generalized rash.
‡ Any patient in whom a healthcare worker suspects measles or rubella infection is considered to be a suspected measles/rubella case. These patients generally have fever and generalized rash illnesses.

Fever and Respiratory Symptoms (Acute Respiratory Infection):
Acute (sudden) febrile illness (> 38.0°C or 100.4°F) in a previously healthy person, presenting with cough or sore throat with or without respiratory distress.

Gastroenteritis:
Acute (sudden) onset of diarrhoea, with or without fever (> 38°C or 100.4°F) and presenting with 3 or more loose or watery stools in the past 24 hours, with or without dehydration, vomiting and/or visible blood.

Undifferentiated Fever:
An acute (sudden) febrile illness (> 38.0°C or 100.4°F) in a previously healthy person of less than 7 days duration with two or more of the following manifestations: headache, retroorbital pain, myalgia, arthralgia, nausea, vomiting, jaundice – AND without any particular symptoms fitting another syndrome definition. Children < 5 years of age: case management and specimen collection will vary according to the evolution of the clinical presentation.

Alert factors, such as those listed below, should prompt further case investigation:

<table>
<thead>
<tr>
<th>Altered consciousness</th>
<th>Jaundice</th>
<th>Renal failure</th>
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<tbody>
<tr>
<td>Collapse</td>
<td>Recent travel</td>
<td>Visible blood in the stool</td>
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